

Action on Delayed Transfer of Care

- Reducing bed blocking
- Improving care
- Cutting costs

BHTA

British
Healthcare
Trades
Association

Foreword by Lord Rennard MBE

Speaking at the NHS Confederation conference in June 2018, Simon Stevens and Ian Dalton, the Chief Executives of NHS England and NHS Improvement, announced plans to improve patient care by cutting long hospital stays.

Delayed transfer of care causes distress for patients and their families and is a particular problem for many older people, especially those who are frail and may have dementia. Their conditions often deteriorate whilst in hospital and there can be significant muscle wastage due to lack of physical activity.

The number of 'delayed days' has been reduced significantly in the last two years, but is still far higher than the figures for 2010, as the health and social care system struggles to cope with the consequences of considerable demographic changes.

More rapid assessment in hospital, addressing the shortage of Occupational Therapists, and greater provision of Trusted Trained Assessors could all help to address the problem. Everyone agrees that greater integration of health and social care systems is crucial. There is already some evidence of how delayed transfer of care can be reduced, and cost savings achieved to fund other aspects of healthcare, where relevant budgets are combined, as in Greater Manchester.

Investment in research and development has also enabled British manufacturers and suppliers to provide some of the best equipment in the world to help more elderly and disabled people live independently out of hospital. More rapid assessment of the need for community equipment, and a more appropriate procurement process prioritising speed of delivery, could assist significantly in reducing the scale of the problem to everyone's benefit.



Too many patients wait too long for specialist equipment such as stairlifts or hoists to be provided in their homes before they can be discharged. When needs have been

assessed, tenders for the necessary equipment are very largely based upon price (inevitably) and to a lesser degree on quality. But speed of delivery and the opportunity to reduce 'bed blocking' should also be a significant priority.

Bar codes and similar identifiers using Global Standards 1 (GS1) standards (now adopted across the NHS) should be used to identify where relevant Loan Stock equipment is located, and who is responsible for it, in order to make faster connections between staff, patients and products. This would help to reduce the number of times that a discharge is delayed simply because a patient is waiting to be supplied with equipment that may be no more complicated than a walking frame and commode.

This paper demonstrates how a more holistic and structured procurement process with a focus on effective delivery of homecare equipment and services can have major impact on speeding up hospital discharges and improving overall healthcare provision.

A handwritten signature in blue ink, appearing to read 'Lord Rennard'.

Lord Rennard MBE
Director of Communications
BHTA



Delayed Transfer of Care

NHS England statistics show the number of delayed days across NHS Organisations for each month since August 2010.

The figure then was 109,918, it rose to a peak of 200,095 in October 2016, and was 144,997 in April 2018.

Many different reasons for the delays are shown and ranged in April 2018 from awaiting completion of assessment (16,908), awaiting residential home placement or availability (19,777) and awaiting community equipment and adaptations (4,950).

The scale of 'bed blocking' impacts upon almost every area of healthcare provision and obviously has a knock-on effect on waiting times causing delayed or cancelled treatment, which can then exacerbate health conditions or slow recovery rates.



Patients do not want to stay in hospital longer than necessary, their conditions often deteriorate and the costs of delayed discharge, or transfer of care, is a huge waste of money as they wait for assessment, and in some cases, for their homes to be adapted in order that they can be adopted in order to facilitate discharge.

It is often the case that the provision of appropriate equipment, such as stairlifts or even basic handrails, could have prevented admissions in the first place. According to the Royal College of Occupational Therapists, 40% of ambulance call outs arise from falls, which are the most common cause of death from injury in the over 65s and are also the single biggest reason for emergency hospital admissions for older people ¹.

A 2012 study ² commissioned by the BHTA highlighted the business case for investing in aids and adaptations to keep people safe at home and reduce the costs associated with falls, hospitalisation, operations and improving quality of life. It showed the significant net savings to government that resulted from such provision.

The continuing division between NHS and local government procurement policies means that many people do not get the equipment that they need provided to them in timely fashion, and overall taxpayer expenditure increases significantly and unnecessarily.

There are also problems with many public sector contracts which are awarded using what is called the 'Most Economically Advantageous Tender' (or MEAT for short).

Too often current procurement practice does not allow for cost efficiencies to be taken into account when buying or

evaluating supply contracts and tenders if the beneficiary is a different department or healthcare organisation to that of the purchasing budget holder.

Invariably lower prices tend to override speed of delivery when it comes to the supply of community care equipment.

This often proves to be a false economy when other costs are factored in (including additional community nursing needs, respite care provision and of course all the costs that follow from delayed transfer of care).

Sources:

- <http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2017/03/ILSM-Report-ENGLAND-28pp.pdf>
- <http://bhta.com/social-care-report-unearts-625m-savings-for-british-taxpayers/>

Delayed Equipment = Delayed Discharge

Newcastle:

An elderly man was admitted to hospital following a fall.

As part of his on-going treatment for his mobility and pressure care treatment, clinicians specified a profiling bed. Although he no longer needed to remain in hospital, he could not be discharged until the profiling bed was provided at his care home residence.

This bed was ordered and took over 11 days to arrive. Discharge was further delayed after the hospital ambulance transport was cancelled on three consecutive days due to shortages and a reduced service over a bank holiday weekend.

In total, the elderly man's hospital discharge was delayed by 16 days.

As a result of this delay, the hospital bed could not be allocated to another patient.



“Healing is a matter of time, but it is sometimes also a matter of opportunity.”
Hippocrates

Small Saving for Council = Bigger Bills for the NHS

In Durham, the County Council put out a tender for the supply and maintenance of stairlifts across the county. A local company, based in the region, unsuccessfully bid for the contract. Their tender was slightly more expensive than others (by an average of £40 per stairlift) but they were able, within around five days of identification of need, to install the lifts, whilst other bidders could take up to four weeks.

The 'saving' to the council by accepting the lowest tender resulted in significant additional expenditure for the NHS as a result of delayed discharges.

Integrating Services = Better Care + Cost Savings

Norfolk:

In Norfolk³, managers from the District Councils and the Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH) decided to work together with the aim of reducing the number of patients waiting a long time to be discharged due to non-medical housing and lifestyle problems. A District Council Officer worked at the NNUH within the acute hospital's integrated discharge team for a 12-week pilot.

A set of initial triage questions was implemented to help identify patients who might benefit from District Council services and advice. These questions were checked at the point of admission by the ward-based Discharge Co-ordinators (DisCos) as a general screening tool. Formal consent was sought from the patients where a potential need was identified, for the District Council Officer to attend the ward.

When patients were well enough, bespoke action plans were discussed and agreed, for housing and other lifestyle needs on discharge from the hospital.

Sources:

3. <https://fabnhsstuff.net/fab-stuff/district-direct-service-solving-delays-to-acute-hospital-discharge-in-norfolk>

Focus on Rehabilitation

Council staff were released from their duties on a rota basis to cover the new role in the hospital, where space had to be found and separate IT services established. The pilot was then extended with NHS “Winter Pressures” funding.

It was estimated that the process resulted in 725 bed days being saved over the 29-week extended pilot (average daily saving of 5 bed days) and the improved efficiency in the system resulted in savings of around £180,000.

The average length of stay for the cohort of patients requiring the service was reduced by 36% (from an average of 11 days to 7 days from the point of being medically fit).

The service has now been jointly funded for a minimum of 12 months with contributions from Health (the local Clinical Commissioning Groups CCGs), Social Care (Norfolk County Council) and Local Government (the Norfolk District Councils).

Medway:

A partnership commissioning team comprising Medway CCG, Medway Council, Medway Foundation NHS Trust (MFT) and social enterprise Medway Community Healthcare (MCH) has successfully implemented a scheme which is demonstrably reducing delayed discharges from Medway Maritime Hospital (MMH) and improving patient outcomes.

The scheme has now supported over 650 discharges from MMH, since April 2016 and its success has been recognised by NHS England’s Emergency Care Improvement Programme (ECIP).

The focus is on re-ablement and rehabilitation. MMH acts as the Medway-wide lead on the project, taking referrals from the hospital, implementing post-discharge assessment visits by one of their occupational therapists, and ensuring the right equipment reaches the patient promptly.

MMH’s ‘One Call’ phone line acts as the triage point for MFT ward staff when they call in “Home First” discharge referrals. Hospital staff no longer need to call a number of agencies for elements of a discharge and potential care package.

MMH’s team assesses the patient to ensure eligibility, and books a visit from an MMH Occupational Therapist within 2 hours of the patient’s return home.

Within an additional 2 hours, any required equipment has also been delivered and put into place. MCH also arranges transport bookings and coordinates any community referrals on the same phone call – one phone call instead of many frees up valuable ward staff time.



Solutions

Manchester:

There is already some evidence from Greater Manchester where a Joint Commissioning Board 'JCB' consisting of the 12 Clinical Commissioning Groups, 10 local authorities and NHS England is helping to achieve lower levels of delayed transfer of care ('bed blocking')⁴.

A House of Commons library briefing on integrating Health & Social Care⁵ says that: 'As well as improving the experience for the patient, it is argued that integration can save money by cutting down on emergency hospital admissions and delayed discharges. This is particularly significant in light of current funding pressures for the NHS and local authorities, although the scope of potential savings has been disputed.'

In November 2017, Professor Sir Bruce Keogh, (then NHS England's National Medical Director), stated,

'The best way to solve the social care crisis would be by encouraging a single commissioning process whereby NHS trusts and local authorities pool resources and budget.'

National Health Executive⁶ noted that, 'After the first 18 months of the devolution process Greater Manchester has managed to maintain 92 percent elective performance, reduce delayed transfers of care and deliver a balanced budget, albeit with help from some one-off measures'.

The Shelford Group (who represent ten multi-specialty academic healthcare centres in England, accounting for over 10 percent of the NHS) stated in their written evidence to the House of Lords Select Committee on the long-term sustainability of the NHS that,

'We undoubtedly need more integration of services across the full continuum of care, and between physical and mental health, supported by investment in technology and better sharing of data.'

Those are key drivers of the innovative devolution settlement for Manchester. But we must be cautious about shifting resources from the NHS to local government, because recent experience has suggested that money gets channelled away from health promotion and social care when councils are under severe financial strain, as in recent years.

That is partly why delayed transfers of care from hospital have risen by 163 percent in the last five years, placing a huge burden on the NHS, which is a higher cost environment in which to care for these vulnerable people. There are other models, such as the one trialled successfully in Oxford, where the University Hospitals have taken greater responsibility for the social care needs of its patients, thus reducing delayed transfers of care by 50 percent⁷.



Sources:

4. <https://protect-eu.mimecast.com/s/q0XHC2xK5CEVEnh3Dao?domain=greatermanchester-ca.gov.uk>

5. <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7902#fullreport>

6. <http://www.nationalhealthexecutive.com/Health-Care-News/keogh-single-commissioning-process-is-the-right-way-forward>

Procurement

Procurement policies need to change to promote speed of delivery and long-term cost/benefit analysis for all involved.

Primary care providers need to change from a strategy of 'cost effective procurement of goods and services' to one of 'cost effective delivery of goods and services'.

Key to this change will be a clause in all relevant tenders that offers opportunities to identify cost savings and efficacies in other areas of healthcare and beyond.

These savings can then be factored into the overall evaluation of tenders when calculating supply contracts based on Most Economical Advantageous Tender (MEAT) criteria.

Delayed discharges should be treated as an emergency with needs for equipment quickly identified and generally provided within five days. It is also important for many suppliers, especially small businesses, that they are paid promptly if they are to deliver promptly.

Assessment

More Occupational Therapists are needed to enable better and more rapid assessment within hospitals of patients' immediate needs outside hospital.

There is a clear business case for trusted assessing of equipment needs when OTs are not available. Trusted assessor training is available on different levels and courses are run by the Disabled Living Foundation (DLF) ⁸.

Improving the Management of Loan Stock Equipment

A document by GS1 ⁹ was commissioned by the Health and Social Care Information Centre in order to show how GS1 standards could be used to improve the management of Loan Stock within the NHS.

It explains the use of 'automatic identification and data capture technology to improve data accuracy, to reduce administration time and provide better management control'.

It says that GS1 identifiers and bar codes should be used to identify Loan Stock equipment, physical locations, organisational entities, staff, patients and products.

When discussing loan stock management, it states in relation to bed blocking, that 'inaccurate stock visibility to ensure right stock available—patients cannot go home if correct equipment is not available for them resulting in bed blocking'.



7. <https://www.parliament.uk/documents/lords-committees/NHS-Sustainability/Collated-Written-Evidence.pdf>

8. <https://www.dlf.org.uk/content/trusted-assessor-training>

9. https://www.gs1uk.org/~media/documents/marketing-documents/the_management_of_loan_stock_using_gs1_standards.pdf

Tax Variation



0% VAT applies for disabled people installing equipment such as stairlifts for personal use and 5% reduced rate VAT applies for people over 60 who are installing equipment in their home.

However, confusion arises because the over 60s have to pay full rate VAT on spare parts and servicing, whereas a disabled person does not.

A growing number of older people who are planning ahead are installing such equipment with a view to the future.

More people are now purchasing homes that can be more readily adapted for more accessible use (including lift installation) in future. Given the large costs to the health and care system of falls, it may be prudent to offer more incentives to people to plan in this way.

About the BHTA

The British Healthcare Trades Association (BHTA) is one of the UK's oldest and largest healthcare associations (founded in 1917). Its membership - of almost 500 companies employing over 17,000 people - comprises both large and small businesses across the many non-pharmaceutical and assistive technology sectors of the healthcare industry, manufacturing, supplying and serving those with special physical needs and specialist healthcare areas, too.

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